

**Business Entity Endorsement Termination**

LIC 411-8T (Rev 9/2008)

Producer Licensing Bureau  
P.O. Box 1139  
Sacramento, CA 95812-1139  
(916) 322-3555 or (800) 967-9331  
www.insurance.ca.gov

Pursuant to Section 1627 and 1661 of the Insurance Code

License Number of Business Entity:

Please **PRINT** or **TYPE**:

Business Entity Name:

Mailing Address:

City, State, Zip:


**TO THE INSURANCE COMMISSIONER OF THE STATE OF CALIFORNIA: NOTICE IS HEREBY GIVEN THAT EFFECTIVE FROM THE DATE OF FILING OF THIS NOTICE, THE BUSINESS ENTITY HEREBY TERMINATES THE ENDORSEMENT OF THE PERSON(S) NAMED HEREIN.**

**NOTE:** Enter only ONE termination type per line. \* (Exception SL/SP)

**\*\*AH** - Accident and Health Agent    **\*\*LO** - Life-Only Agent    **LOLP** - Life-Only Limited to Funeral & Burial Expenses  
**FX** - Fire/Casualty Broker-Agent    **AU** - Limited Lines Automobile Insurance Agent    **LA** - Life and Disability Analyst  
**CS** - Cargo Shipper's Agent    **CI** - Credit Insurance Agent, (no fee)    **PL** - Personal Lines Broker Agent    **MC** - Motor Club Agent  
**SL** - Surplus Line Broker    **SP** - Special Lines' Surplus Line Broker    **\*SL/SP** - Surplus Line and Special Lines' Surplus Line Broker

	**Termination Type	Endorsee's Social Security Number	Endorsee's Name (as shown on license)	*Effective Date of Termination
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

SIGNATURE of an authorized representative

	Title	Date:
E-mail		Phone Number: (    )

**\*\*FILING FEE:** Submit \$24 per termination type.

**\*\*If you are terminating both Life-Only Agent and Accident and Health Agent, pay only one filing fee.**

Enter number of  X \$24 **Mail Termination form and fee to:**

California Department of Insurance  
P.O. Box 957  
Sacramento, CA 95812-0957

Consumer Hotline (800) 927-HELP • Producer Licensing Bureau (800) 967-9331